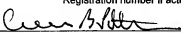


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|   |  |  |                               |
|---|--|--|-------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |  | <b>Docket Number (Optional)</b><br>BRYN/0015                         |                               |
| <b>Application Number</b> 10/595,600  |  | <b>Filed</b> April 28, 2006  |                               |
| <b>For</b> AN ARRANGEMENT FOR DAMPING OF VIBRATIONS AND DEFLECTION IN A TOOL HOLDER   |  |  |                               |
| <b>Art Unit</b> 3724  |  | <b>Examiner</b> Jennifer B. Swinney                                  |                               |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |  |                               |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |  |                               |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))<br><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))<br><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))<br><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))<br><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | <b>Fee</b><br>\$130<br>\$490<br>\$1110<br>\$1730<br>\$2350 | <b>Small Entity Fee</b><br>\$65<br>\$245<br>\$555<br>\$865<br>\$1175 | \$ 65<br>\$<br>\$<br>\$<br>\$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |  |  |                               |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |  |  |                               |
| <input checked="" type="checkbox"/> Payment by credit card via EFS-Web.   |  |  |                               |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |  |                               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency of fees which may be required, or credit any over payment to Deposit Account Number <u>20-0782/BRYN/0015/WBP</u>   |  |  |                               |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |  |  |                               |
| I am the <input type="checkbox"/> applicant/inventor.   |  |  |                               |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |  |  |                               |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |  |                               |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,102</u>  |  |  |                               |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |  |  |                               |
| Registration number if acting under 37 CFR 1.34 _____   |  |  |                               |
| <br>_____<br>Signature   |  | <u>August 25, 2009</u><br>_____<br>Date                              |                               |
| William B. Patterson<br>_____<br>Typed or printed name  |  | <u>713-623-4844</u><br>_____<br>Telephone Number                     |                               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |  |                               |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |  |  |                               |